Providing family planning in Ethiopian voluntary HIV counseling and testing facilities: Client, counselor and facility-level considerations

International Conference on Family Planning: Research and Best Practices
Kampala, Uganda
November 16, 2009

Heather Bradley¹, Duff Gillespie¹, Aklilu Kidanu², Yung-Ting Bonnenfant¹, Sabrina Karklins¹

¹ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD
² Miz-Hasab Research Center, Addis Ababa, Ethiopia

hbradley@jhsph.edu
VCT in Ethiopia

- HIV prevalence is 2.1% (over 1 million persons infected), much higher in urban areas (7.7%).

- VCT facilities increased from 658 in 2004 to 1,469 in 2008.

- Number of HIV tests increased from 448,000 in 2004 to 4.6 million in 2008.
HIV and FP service integration in Ethiopia

- Government of Ethiopia’s current HIV policy endorses integration of reproductive health and VCT, PMTCT and ARV services.

- Ethiopian task force created to promote HIV and FP integration in response to WHO-sponsored International Best Practices meeting.

- Task force included Ministry of Health and NGO partners, led by Pathfinder International-Ethiopia.

- Initiated integrated services in 20% of VCT and PMTCT service sites in four focus regions.
Voluntary HIV Counseling and Testing Integrated with Contraceptive Services (VICS)

• Proof of concept study led by JHSPH in cooperation with Pathfinder International-Ethiopia and Miz-Hasab Research Center

Study Aims:

• Estimate the need and demand for family planning among VCT clients in eight Oromia Region public sector facilities.

• Assess clients’ contraceptive uptake in VCT sessions.

• Determine what kinds of clients received contraceptive counseling and/or methods.
Study Design

• Cross-sectional study, pre- and post-intervention (before and after family planning services were made available in VCT counseling sessions).

• Clients in 8 public sector facilities interviewed twice:
  – after pre-test HIV counseling
  – after post-test HIV counseling

• Total sample size=8,046 clients
  – 4,019 pre-intervention (2006)
  – 4,027 post-intervention (2008)
FP/HIV integration intervention

Training and authorizing public sector VCT counselors to offer pills, condoms and injectables to clients during VCT sessions.

Ensuring continuous contraceptive supplies to facilities, including pills, condoms, injectables, Norplant and IUDs.

Developing specialized family planning counseling messages for VCT clients, which apart from married couples, target men, youth, singles and engaged couples.
Statistical methods

- Examined client characteristics
  - Demographic variables
  - Contraceptive use
  - Unmet contraceptive need

- Regressed study outcomes on client, provider and facility-level variables using multi-level logistic models
  - Post-intervention sample
  - Linked clients to providers and facilities
  - Excluded clients from one facility due to inadequate implementation
  - Random intercepts for facilities and providers

- Two main outcomes:
  - VCT client received contraceptive counseling
  - VCT client received contraceptive method
VCT client characteristics after introduction of family planning services

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average age</strong></td>
<td>25</td>
<td>22</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>% Currently married/cohabiting</td>
<td>17</td>
<td>21</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>% Secondary or higher education</td>
<td>71</td>
<td>61</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>% Student</td>
<td>40</td>
<td>40</td>
<td>0.89</td>
</tr>
<tr>
<td>% Urban</td>
<td>80</td>
<td>86</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>% HIV-positive</td>
<td>4</td>
<td>8</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
VCT clients’ level of sexual activity after introduction of family planning services: male and female clients (%)

<table>
<thead>
<tr>
<th></th>
<th>Men n=1,643</th>
<th>Women n=1,731</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had sex</td>
<td>71</td>
<td>61</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Never had sex</td>
<td>29</td>
<td>39</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Had sex in past 30 days</td>
<td>22</td>
<td>29</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
VCT clients’ contraceptive use before and after introduction of family planning services: male and female clients who have ever had sex (%)

<table>
<thead>
<tr>
<th></th>
<th>Men (n=2,040)</th>
<th>Women (n=1,869)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before n=879</td>
<td>After n=1,161</td>
</tr>
<tr>
<td>Currently using any method</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Currently using any modern method</td>
<td>8</td>
<td>14</td>
</tr>
</tbody>
</table>
Percentage of clients receiving family planning counseling in VCT before and after introduction of family planning services

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>intervention</td>
<td>intervention</td>
</tr>
<tr>
<td>N=1,187</td>
<td>29%*</td>
</tr>
</tbody>
</table>
| N=1,643      |                | N=1,731     | *significant at p<0.05 level
Percentage of clients receiving a family planning method in VCT before and after introduction of family planning services: male and female clients

<table>
<thead>
<tr>
<th></th>
<th>Received condoms</th>
<th></th>
<th>Received other method</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before n=1,187</td>
<td>After n=1,643</td>
<td>p-value</td>
<td>Before n=1,192</td>
<td>After n=1,731</td>
</tr>
<tr>
<td>Men (n=2,830)</td>
<td>0.8</td>
<td>6.0</td>
<td>&lt;0.01</td>
<td>0</td>
<td>3.2</td>
</tr>
<tr>
<td>Women (n=2,923)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>0.1</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>0.8</td>
<td>6.0</td>
<td>&lt;0.01</td>
<td>0.1</td>
<td>6.5</td>
</tr>
</tbody>
</table>
Percentage of clients receiving family planning counseling in VCT by couples’ counseling

### Men

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>AOR</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing alone</td>
<td>23%</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Testing with partner</td>
<td>58%</td>
<td>3.4</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

N = 1,390

### Women

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>AOR</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing alone</td>
<td>39%</td>
<td>2.5</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Testing with partner</td>
<td>51%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N = 1,460
Percentage of clients receiving a family planning method in VCT by level of sexual activity

Men

- Never had sex: 3% (N=482)
- Previously sexually active: 7% (AOR 5.1, p<0.01, N=793)
- Currently sexually active: 8% (AOR 11.8, p<0.01, N=368)

Women

- Never had sex: 3% (N=676)
- Previously sexually active: 6% (AOR 1.8, p<0.08, N=557)
- Currently sexually active: 13% (AOR 4.0, p<0.01, N=498)
Percentage of clients receiving a family planning method in VCT by primary reason for HIV testing

Men

- Perceived HIV risk: AOR=1.0
- To learn status: AOR=0.53* (p=0.01)
- New sexual partner: AOR=0.59* (p=0.28)

N=551

Women

- Perceived HIV risk: AOR=0.48* (p<0.01)
- To learn status: AOR=0.48* (p<0.01)
- New sexual partner: AOR=1.52* (p=0.13)

N=645
Percentage of clients receiving a family planning method in VCT by counselor assessment of FP supplies

Men

- AOR 1.0
- AOR 4.3 (p<0.01)

Women

- AOR 1.0
- AOR 2.2 (p<0.01)

N=794  N=849  N=800  N=931
VICS – Summary of Findings

• Programmatically, family planning was successfully integrated into VCT services.

• Family planning method acceptance increased, but…

• It is likely that contraceptive uptake would have been higher among a more sexually active population.

• An outreach campaign focusing on higher risk groups would attract more persons in need of both VCT and family planning services.
Acknowledgements

Research partners
Pathfinder International-Ethiopia
Miz-Hasab Research Center

Funding support from
The David and Lucile Packard Foundation
The William and Flora Hewlett Foundation
The Bill and Melinda Gates Institute for Population and Reproductive Health

Appreciation to
Chandrakant Ruparelia, Jhpiego, Baltimore, MD
Yung-Ting Bonnenfant, JHSPH, Baltimore, MD
Thank You